### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

### **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: WI VETERANS HOME UNION GROVE FAIRCHILD (0009253)

Address: 21425 D SPRING ST, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History				
Survey ID: 0094666	End Date: 05/02/2005	Type: OTHER	Purpose: DESK REVIEW	
Dosults: NO STATEMENT OF DEFICIENCY ISSUED				

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094406 End Date: 03/30/2005 Type: OTHER Purpose: DESK REVIEW

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008796 Served 04/06/2005

Deficiencies CitedSubject AreaVerifiedCorrected50.065(6)(b)CREDENTIALED CAREGIVERS05/02/2005Yes

Compliance

Survey ID: 0094314 End Date: 03/22/2005 Type: OTHER Purpose: DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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Corrected

Survey ID: 0092627 End Date: 05/04/2004 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10008709 Served 05/26/2004

Deficiencies Cited Subject Area Compliance

Verified

83.42(8)(b) FIRE EXTINGUISHER

83.42(9) EXTINGUISHER MOUNTING

Survey ID: 0091233 End Date: 10/16/2003 Type: OTHER Purpose: OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090785 End Date: 08/06/2003 Type: OTHER Purpose: OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Enforcement History** 

Date: 04/01/2005

SOD #10008796

Appealed: No

**Sanctions** 

COMPLY WITH REQUIREMENT

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